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ILLINOIS COMMERCE COMMISSION

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ORIGINAL

ILLINOIS
COMMERCE COMMISSION

Docket No. _____

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**APPLICATION FOR CERTIFICATE TO BECOME A
TELECOMMUNICATIONS CARRIER**
(Use additional sheets as necessary.)

00-0735
CHIEF CLERK'S OFFICE

GENERAL

1. Applicant's Name(including d/b/a, if any) FEIN # 63-1239617
Seven Bridges Communications, L.L.C.
Address: Street 500 Richardson Road, Suite A
City Hope Hull, Alabama State/Zip 36043
2. Authority Requested: (Mark all that apply) 13-403 ☒ 13-404 ☐ 13-405
3. Request for waivers/variances: In applications for exchange service authority under Sections 13-404 or 13-405, waivers of Part 710 and of Section 735.180 of Part 735 are generally requested. In applications for interexchange service authority under Sections 13-403 and 13-404, waivers of Part 710 and Part 735 are generally requested. Please indicate which waivers Applicant is requesting.
X 710 ☐ Part 735 X Section 735.180 ☐ Other
4. In what area of the state does the Applicant propose to provide service?
Statewide for interexchange. Local exchange service will be offered within the geographic service territory of the Company's underlying carrier(s) only.
5. Please attach a sheet designating contact persons to work with Staff on the following:
Attachment 1.
 - a) issues related to processing this application
 - b) consumer issues
 - c) customer complaint resolution
 - d) technical and service quality issues
 - e) "tariff" and pricing issues
 - f) 9-1-1 issues
 - g) security/law enforcementPlease identify each contact person's (i) name, (ii) title, (iii) mailing address, (iv) telephone number, (v) facsimile number, and (vi) e-mail address, if any.
7. Please check type of organization?
☐ Individual ☒ Corporation
☐ Partnership Date corporation was formed December 23, 1999
In what state? Delaware
☐ Other (Specify) Limited Liability Company

8. Submit a copy of articles of incorporation and a copy of certificate of authority to transact business in Illinois.

Attachment 2.

9. List jurisdictions in which Applicant is offering service(s).

Attachment 3.

10. Has the Applicant, or any principal in Applicant, been denied a Certificate of Service or had its certification revoked or suspended in any jurisdiction in this or another name?

____ YES (Please provide details) X NO

11. Have there been any complaints against the Applicant in any other jurisdiction?

____ YES X NO

If YES, describe fully. _____

12. Will the Applicant keep its books and records in Illinois? ____ YES X NO

If NO, permission pursuant to 83 Ill. Adm Code Part 250 needs to be requested.

The Company requests permission under 83 Ill. Adm. Code Part 250 to keep all books and records in Alabama, and agrees to make these records available to the Commission upon requests.

MANAGERIAL

13. Please attach evidence of the applicant's managerial and technical resources and ability to provide service. This may be in either narrative form, resumes of key personnel, or a combination of these forms. **Attachment 4.**

14. List officers of Applicant.

Frank E. Evans, Manager/President

Jeff Evans, Secretary

David Hill, Controller

15. Does any officer of Applicant have an ownership or other interest in any other entity which has provided or is currently providing telecommunications services? X YES ____ NO

If YES, list entity. Frank Evans is sole owner of the Applicant and EFS, Inc., which provides telecommunications services.

16. How will Applicant bill for its service(s)? The Company will bill customers directly.

17. How does Applicant propose to handle service, billing, and repair complaints?

Customer service issues will be handled directly by an in-house Customer service division.

Customer Service personnel are available by dialing toll free 1-877-601-7320 (English) or
1-877-601-7315 (Spanish).

18. Will personnel be available at Applicant's business office during regular working hours to respond to inquiries about service or billing? X YES NO

19. What telephone number(s) would a customer use to contact your company?

(877) 601-7320 (toll free) or (334) 281-5551

20. What are your procedures to prevent unauthorized "slamming" of customers?

The Company uses written Letters of Authority (LOAs).

21. If granted authority to operate as a local exchange carrier, will the applicant abide by the following 83 Illinois Administrative Code Parts: 705, 710, 720, 725, 735, 755, 756, 757, 770, and 772?

X YES NO (If no, please provide an explanation.)

22. Will the applicant sign and return membership forms to the Universal Telephone Assistance Corporation and the Illinois Telecommunications Access Corporation? X YES NO

FINANCIAL

23. Please attach evidence of applicant's financial fitness through the submission of its most current income statement and balance sheet, or other appropriate documentation of applicant's financial resources and ability to provide service.

Attachment 5.

TECHNICAL

24. Does Applicant utilize its own equipment and/or facilities? YES X NO

If YES, please list:

If NO, which facility provider(s)'s services does Applicant use?

Ameritech

25. Please describe the nature of service to be provided (e.g., operator services, internet, debit cards, long distance service, local service).

Prepaid long distance and local exchange services. Proposed tariff attached as

Attachment 6.

26. Will technical personnel be available at all times to assist customers with service problems?
 X YES NO

27. If Applicant intends to provide payphone service, will the equipment utilized comply with FCC requirements and Finding (9) of the Commission Order entered in Docket No. 84-0442 on June 11, 1986, including, but not limited to: (a) touch dialing; (b) access to 9-1-1 and "0" operator dialing without use of a coin; (c) rules governing use of payphones by disabled persons; (d) ability to complete local and long-distance calls; (e) unlimited duration for local calls; and (f) a message explaining the telephone's general operations, dialing instructions for emergency assistance, payphone owner's name, method of reporting service problems and method of receiving credit for faulty calls? X YES NO


(Signature of Applicant)

VERIFICATION

This application shall be verified under oath.

OATH

State of ALABAMA)
County of MONTGOMERY)ss

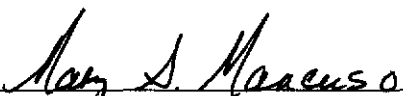
Frank E. Evans makes oath and says that he is Manager/President
(Insert Here the name of affiant) (Insert the official title of the affiant)
of Seven Bridges Communications, L.L.C.
(Insert here the exact legal title or name of the Applicant)

that he has examined the foregoing Amended application and that to the best of his knowledge, information, and belief, all statements of fact contained in the said application are true, and the said application is a correct statement of the business and affairs of the above-named applicant in respect to each and every matter set forth therein.


(Signature of affiant)

Subscribed and sworn to before me, a Notary Public/ _____
(Title of person authorized to administer oaths)

in the State and County above named, this 11th day of October 2000


(Signature of person authorized to administer oath)

NOTARY PUBLIC STATE OF ALABAMA AT LARGE.
MY COMMISSION EXPIRES FEB. 10, 2001.
BONDED THREE NOTARY PUBLIC UNDERWRITERS.